	ustry Reporting Form required information. If requ				DERBI -	REPORT	Part of 1013 -016	
Row I	Reporter Name		Submission date.	Contact persor	1 (11 umerelle)	351	Internal ID 1-11339404	
Administrative Data								
	Address			Address				
	Mar Vista California							
	Phone #			Phone #				
	Incident Status:	date of incident Date registrant became aware o						
	New	California Chronic		incident. 5/11/2004				
Row 2	EPA Registration # (Pro	duct 1)	EPA Registration #		EPA 1	EPA Registration # (Product 3		
Pesticide(s) Involved	62719-4							
	A.I. (s)		A.I. (s)		A.I. (A.I. (s)		
	Sulfuryl Fluoride							
	Product I name		Product 2 Name		Produ	Product 3 Name		
	Vikane							
	Exposed to concentrate dilution? NA	Exposed to concentrate prior to dilution?		dilutio		trate prior to		
Row 3	Formulation Evidence label	Formulation : (examples inclu	ıde home, yard,	Situation (ac	ulation t of using pro	oduct):		
Incident	directions were not followed? No Intentional misuse? No	school, indu	strial, nursery/greer, commercial tur	rial, nursery/greenhouse, commercial turf, e, forest/ woods, agricultural		clude mixing ication, trans	/loading, portation, repair/	
Circumstances			p) right-of-way (rail, utility,		maintenance of application equipment, manufacturing/ formulating).			
	Applicator certified PCO? Not applicable	Own Reside	nce		Re-entry			
	How exposed: (examples include	-					DERI Repo If no, Date:	
	direct contact with							
	treated surface, ingestion, spill, drift, runoff)						142851 Yes Y	
	See Incident Description						70	
							SC SC	
							1111	
							1	

Brief description of incident circumstances.

5/11/2004 1:21:29 PM house tented 5/8, caller waited 42 hrs prior to returning.

Since returning into home caller has developed vomiting and diarrhea and has lost 6 lbs. Is this from product? Caller denies and respiratory irritation but did mention her eyes have been irritated.

Caller stated house was tested and vikane level was almost zero at 30 hrs after, she did wait additional 12 hrs prior to reentering.

A: Would contact PCO to assure thorough ventilation and MD about persisting sx and weight loss. Typically would not expect persisting v and d as adverse effects.

5/11/2004 1:37:58 PM case reviewed

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page# 3 of 3 Demographic information: Exposure route: Was adverse effect result of Was protective clothing worn Age: 34 Sex: Female Inhalation suicide/homicide or attempted (specify)? Occupation (if relevant) suicide/homicide? Not applicable If female, pregnant? Was exposure occupational? Time between exposure and Yes onset of symptoms: If yes, days lost due to illness: See Symptoms Type of medical care sought: List signs/symptoms/adverse effects If lab tests were performed, (examples include none, clinic, list test names and results (If hospital emergency department, Vomiting - 24 hrs or less, Diarrhea - 24 hrs or less available, submit reports) private physician, PCC, hospital inpatient). None Reported On-site Exposure data: Amount of pesticide: Exposure duration: Weight: UNK Human severity category: HC This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary) Illness described is not necessarily suggestive of exposure to sulfuryl fluoride or chloropicrin. Re-entry into a treated dwelling is not permitted until Vikane levels drop below 5 ppm, a level known to be well below the threshold for potential toxicity. Chloropicrin, a lacrimating warning agent, is also used with Vikane and may produce eye irritation and upper respiratory irritation. Chloropicrin would typically have dissipated by the time the tenants returned to the residence. Internal ID# 1-11339404

Data 📑	required information. If required data field in Reporter Name		Submission date.	Contac		142877	10f3 Internal ID 1-11389209	
, and	Address	Address		Name of the Association of the A				
	Santa Maria California 93455							
-	Phone #			Phone #				
	Santa Maria New California		date of incident Date registran became aware incident.					
	5/7/2004			5/21/2004				
Row 2	EPA Registration # (Proc	luct 1)	EPA Registration	on # (Product 2)		EPA Registration #	(Product 3	
Pesticide(s) nvolved	62719-4							
	A.I. (s)		A.I. (s)			A.I. (s)		
	Sulfuryl Fluoride							
	Product 1 name		Product 2 Name			Product 3 Name		
	Vikane							
	Exposed to concentrate p dilution? <i>NA</i>	Exposed to condition?	centrate prior to	Exposed to concentrate prior to dilution?				
	Formulation Evidence label	Incident site	Formulation ite: (examples include home, yard,		Formulation Situation (act of using product):			
Incident Circumstances	directions were not followed? No Intentional misuse? No	school, indus surface wate building/offi	strial, nursery/gre r, commercial tur ce, forest/ woods b) right-of-way (r	enhouse, (exam f, reenti agricultural maint		ples include mixing, y, application, transpenance of application facturing/ formulation	loading, ortation, repair/ a equipment,	
	Applicator certified PCO? <i>Not applicable</i>	Own Reside	nce			•		
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)						If no, why:	
	See Incident Description		· · · · · · · · · · · · · · · · · · ·				- 6-0	

Brief description of incident circumstances.

5/21/2004 12:53:45 PM Hx: Caller states that their neighbors house was treated with vikane and on May 8th there was some very strong winds which blew the tent open. She currently did not recall the name of the company that did the fumigation.

Her son was in his room, which is adjacent to the house. He had his window open and the windows on the house that was treated had their windows open. With in a short time of the tent coming loose. HE began to have problems seeing - had very blurred vision. He started to notice that his skin on his arms, hands and face was burning. He began to feel nauseated and fainted. When he got up he couldn't see and stumbled out into the room where others were sitting. He was found passed out and unresponsive on the floor. He was taken to the ER and evaluated. She was not clear on how long he was there didn't sound like he was admitted to the hospital. They ran various tests on him and their conclusions in her medical report state that this may have been caused by a possible exposure to Vikane gas, which is why she is now calling. Her son's vision did return fully within three to four hours and he is now feeling fine. She is wondering if the Vikane could cause these sx.

A: Told caller that these sx sound like they are not related to exposure of vikane gas but related more to a chemical called chloropicrin, which is commonly used along with Vikane. Told caller that she would need to investigate to see if this or other products were used. Generally would need a more prolonged exposure to the concentrated vikane to have sx caused by this. Rec having his MD call us with any questions about either of these product. Rec that he continue to f/u with regular MD to make sure that nothing else is going on or if this was caused by the product to make sure that no permanent damage was done. CB prn - gave case number

Emailed LT

5/24/2004 11:28:51 AM Notified DAS.

5/24/2004 12:04:57 PM case reviewed

5/24/2004 12:33:37 PM Assessment by Dr. Brownson of DAS is as follows,

If the tented dwelling's windows were open then that suggests that the house was in the ventilation phase; considering that only trace amounts of chloropicrin are used in a Vikane treatment, it seems unlikely that windblown air would contain a high enough concentration to cause the symptoms described, particularly in the absence of history of any coughing or respiratory irritation. Tearing was not mentioned in the history either. One could speculate that the syncope and amaurosis fujax were possibly vasovagal, perhaps secondary to perceived rather than real hazard. The absence of irritative symptoms in the other people present suggests that no significant chloropicrin was present in the ambient air in the caller's home.

Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required informat	ion. If required data field information	is unknown, designate as such in approp	priate area. Page# 3of 3
Demographic information: Age: 22 Sex: Male Occupation (if relevant)	Exposure route: Inhalation	Was adverse effect result of suicide/homicide or attempted suicide/homicide?	Was protective clothing worn (specify)? Not applicable
If female, pregnant? DNQ	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: See Symptoms	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). On-site	List signs/symptoms/adverse effective of the signs/symptoms/adverse effective of the signs of the sign o	If lab tests were performed, list test names and results (If available, submit reports) None Reported	
Exposure data: Amount of pesticide: Exposure duration: Weight: UNK			
Human severity category: HC			
Once Vikane or chloropicrin escape rapidly diluted or degraded as to not	a treated structure and enter the exte pose a significant risk to individuals crin make it unlikely that the patient	surrounding the incident. (add addition ernal environment and atmosphere, con in adjacent unattached structures. Als was exposure to significant amounts of	centrations would typically be so to the absence of the typical
			Internal ID # <i>I-11389209</i>